

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032736

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4420

STATE FILE NUMBER

FILED SEP 20 1961

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kansas City

Length of stay in 1b

45 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

4400 St. John Ave.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

c. CITY
OR
TOWN

Kansas City

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

717 Van Brunt Blvd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

MARIE

Middle

N-M-I

Last

BERGER

4. DATE
OF
DEATH

Month

Day

Year

September 5, 1961

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-5-70

9. AGE (last birthday)

91 years

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Weston, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Clay Owens

13b. MOTHER'S MAIDEN NAME

Annette Murphy

14. NAME OF HUSBAND OR WIFE

Henry Berger, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Address

717 V. Brunt
Mrs. Forestine Milan K.C. 24, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN
ONSET AND DEATH

Minutes

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arterio sclerosis

Years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug. 12, 1961 to Sept. 5, 1961 and last saw her alive on Aug. 12, 1961

Death occurred at 10:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

M. A. Clime (Degree or title)

22b. ADDRESS

4126 St. John K.C. 23 Mo

22c. DATE SIGNED

9-8-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-8-1961

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WAGNER FUNERAL HOME, K.C. MO.

25. DATE RECD. BY LOCAL REG.

9.6.61

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DR. M. CLINE
4126 ST. JOHN
Hv3-3119
1:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alvin R. Haenscheld

Licensed Embalmer No. 4159

P. O. Address H. C. MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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